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Barnsley
Clinical Commissioning Group

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Our Ref: DC/NB

5th November 2020

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 14th October 2020

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Public Health Nursing 0-19 Service Prescribing Formulary [NEW]
This formulary aims to advice public health nurses in the 0-19 service what items they can prescribe for the conditions they most commonly treat. These items appear both in the Nurse Practitioner's Formulary and on the Barnsley Joint Formulary. The Barnsley Self-Care Guidance should also be taken into account.

The new prescribing formulary will be available on the BEST website in due course.

Oral Ranitidine out of stock guidance [NEW]
Oral ranitidine is out of stock long-term and should not be initiated in new patients. Patients currently prescribed ranitidine should be identified and reviewed on an individual basis. Where ongoing treatment is still required, this guidance outlines possible alternatives, including alternatives for those patients taking a combination of a PPI and ranitidine.

The new guidance will be available on the BEST website in due course.

Febuxostat Prescribing Guidelines [UPDATED]
Febuxostat remains a second line option, for the treatment of symptomatic gout. It should be reserved for patients in whom allopurinol is contraindicated or not tolerated. The updated guideline is on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Febuxostat_guidelines%20for%20gout.pdf

Guidance for the use of Linezolid in the Treatment of Pneumonia and Severe Skin and Soft Tissue Infections [UPDATED]

Linezolid is a red drug on the Barnsley Formulary. It should only be prescribed on the advice of a consultant microbiologist. The updated guidance is available on the BEST website at the following link:

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Linezolid%20Prescribing%20Guidance.pdf?UNLID=568145562020113135155

Orlistat Prescribing and Review Guideline for Adults (over 16 years of age) [UPDATED]

This guideline has received minor amendments and is available on the BEST website at the following link:

http://barnsleybest.nhs.sitekit.net/clinical-support/medicines/prescribing-guidelines/Orlistat.pdf?UNLID=568145562020113135554

Vitamin B Co and Vitamin B Co Strong Prescribing and Medication Review Guidance [UPDATED]

This guideline has received minor updates including revised information around the use of vitamin B for confirmed deficiencies. Vitamin B Co and Vitamin B Co Strong should not be prescribed on the NHS for deficiencies unless advised by a specialist to treat complex malnutrition needs.

The updated guidance will be available on the BEST website in due course.

Guidelines for the Treatment of Anxiety in Primary Care [UPDATED]

Updates include revised information on the pharmacological treatment of GAD, including clarification on the place of beta-blockers and buspirone in therapy.

The updated guidance will be available on the BEST website in due course.

Management of stable COPD Algorithm [UPDATED]

The updated algorithm is based on NICE guidance and now contains TWO treatment pathways (asthmatic features/no asthmatic features). Changes include:

- In **COPD with no asthmatic features**, a **LAMA/LABA** in now initiated earlier in therapy instead of initiating a separate LAMA or LABA. Therefore separate LAMA and LABA inhalers have been excluded from the algorithm (existing patients who are well controlled with a separate LAMA or LABA can continue on that therapy).
- **Triple therapy inhalers (Trelegy® Ellipta / Trimbow®)** have been added to the formulary so that patients who are long standing on triple therapy using two devices, with no reasonable expectation of being able to withdraw the inhaled steroid, can be transferred onto these single devices where appropriate.
- Information has been included regarding **carbon footprint** of the inhalers listed, and direction that reduction of carbon footprint be one of the aims when choosing an inhaler device. (The 'PrescQIPP hot topics - lowering the carbon footprint' document is attached to this memo for information. Please note that Fobumix® is not currently on the Barnsley Formulary)
- **Anoro® Ellipta and Relvar® Ellipta** are included on the formulary in line with the triple therapy dry powder/low carbon footprint choice being Trelegy® Ellipta.

The updated algorithm is available on the BEST website at the following link: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/COPD%20inhaled%20therapies.pdf?UNLID=389456909201891414103

Mouth Care Management, Last Days of Life Care Symptom Management and Prescribing Anticipatory Subcutaneous Medications for the Last Days of Life [UPDATED]
These updated palliative care guidelines were taken to the Committee for information and will be available on the BEST website in due course.

Prescribing guidelines are available on the BEST website:
http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/

The Barnsley Joint Formulary can be accessed at the link below:
http://www.barnsleyformulary.nhs.uk/

Shared Care / Amber-G Guidelines

The following shared care guidelines were approved by the Committee:

DMARD Shared Care Guideline for the prescribing of DMARDs in rheumatology patients [UPDATED]
In summary the main changes are as follows:

- Sodium aurothiomalate has been removed from the guideline as it has been discontinued. Any patients prescribed this medication should be referred back to the rheumatology team for review and change in treatment.
- Advice to 'refer back to the specialist' if medication has to be stopped for a specified period of time has been added to the 'responsibilities of the primary care team' section, to ensure medication is restarted if appropriate.
- Updated and clarified information for eye examinations for patients prescribed hydroxychloroquine has been added.
- Monitoring advice where MCV > 100f/l has changed from stopping drug treatment to: *if MCV >100f/l continue medication but contact rheumatology for further advice.*

The updated shared care guideline will be available on the BEST website in due course.

Naltrexone Shared Care Guideline for the treatment of alcohol dependence and opioid dependence, Acamprosate Amber-G guideline and Disulfiram Amber-G guideline [UPDATED]
These guidelines have received minor amendments and will be available on the BEST website in due course.

Anastrozole, tamoxifen and raloxifene for chemoprevention in familial breast cancer Amber-G guideline [UPDATED]
Information on adverse drug reactions has been updated and the guideline is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Anastrozole%20tamoxifen%20and%20raloxifene.pdf

Buccolam® (Buccal Midazolam) Amber-G guideline [UPDATED]
The dose for children aged 3-6 months has been amended (in infants less than 6 months buccal midazolam should be used within a hospital setting only) and the guideline now states that the patient should be reviewed by the specialist service annually (previously every 3-6 months).

The updated guideline will be available on the BEST website in due course.

Shared Care and Amber-G guidelines are available on the BEST website: http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/.

Prescribers (including secondary care clinicians) are encouraged to report any problems they experience with shared care or other medicines related issues, particularly where guidelines are not being complied with, to the following email address: BarnsleyAPCReport@nhs.net.

The Barnsley Interface Issues Form should be used to report such problems: http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm

Traffic Light Classifications

The Committee assigned the following classifications to the products included in the table below:

Drug	Formulary Indication	Traffic light status (Drugs with a provisional classification are not currently included on the Barnsley formulary)
Horizon Scanning Document – September 2020		
Semaglutide 3 mg, 7 mg, 14 mg tablets (Rybelsus®, Novo Nordisk Limited)	Type 2 diabetes mellitus	Non-formulary provisional amber-G
Betamethasone / calcipotriol betamethasone 0.5 mg / calcipotriol 50 microgram ointment (Dalonev®, Mibe Pharm UK Limited)	Stable plaque psoriasis vulgaris	Non-formulary provisional grey Enstilar® Foam is the first line calcipotriol/betamethasone preparation as agreed by Barnsley APC
Timolol / bimatoprost 0.3 mg/ml + 5 mg/ml eye drops (Eyzeetan®, Aspire Pharma Ltd)	Reduction of intraocular pressure (IOP) in adult patients with open-angle glaucoma or ocular hypertension.	Non-formulary provisional green The glaucoma algorithm is available at: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Glaucoma%20Algorithm.pdf
Public Health Nursing 0-19 Service Prescribing Formulary		
Dimeticone 4% lotion 50ml and 150ml	Eradication of head lice infestations	Formulary green For treatment of Head Lice Barnsley Self-Care Guidance applies: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Self_Care_Guidance.pdf
Mebendazole oral suspension 100mg/5ml	Threadworms	Formulary green **Mebendazole oral suspension should only be used second line to mebendazole chewable tablets, e.g. for patients such as young children who are unable to swallow the tablet.** For treatment of threadworms Barnsley Self-Care Guidance applies: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Self_Care_Guidance.pdf

COPD Algorithm		
Trelegy® Ellipta (fluticasone with umeclidinium and vilanterol) dry powder inhaler	COPD	Formulary green
Trimbow® (beclometasone with formoterol and glycopyrronium) pressurised inhalation	COPD	Formulary green
Anoro® Ellipta (umeclidinium with vilanterol) dry powder inhaler	COPD	Formulary green
Relvar® Ellipta (fluticasone with vilanterol) dry powder inhaler	COPD	Formulary green
Other		
Liskonum® (Lithium Carbonate)	Treatment and prophylaxis of mania, bipolar disorder, recurrent depression, aggressive or self-harming behaviour.	Formulary Amber Liskonum® should be reserved for new patients
Spiriva® and Spiolto® respimat refill cartridges	Spiriva® - COPD/Severe asthma Spiolto® - COPD	Formulary green Refill cartridges are available for Respimat® devices. The Respimat® device should only be prescribed every 6 months. So the Respimat® device should be prescribed on month 1 and then only the refill cartridge should be prescribed from months 2-6. A tool is available from the manufacturer for GP practice systems which prompts the prescriber to issue a device every 6 months as an acute prescription (only the refill cartridge should be on repeat when using this tool).

MHRA Drug Safety Update

The September 2020 MHRA Drug Safety Update can be accessed at the following link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/920770/Sept-2020-DSU-PDF.pdf

Issues relating to primary care:

Opioids: risk of dependence and addiction
New recommendations following a review of the risks of dependence and addiction associated with prolonged use of opioid medicines (opioids) for non-cancer pain. Before prescribing opioids, discuss with the patient the risks and features of tolerance, dependence, and addiction, and agree together a treatment strategy and plan for end of treatment.
Advice for healthcare professionals: • opioid medicines (opioids) provide relief from serious short-term pain; however long-term use in non-cancer pain (longer than 3 months) carries an increased risk of dependence and addiction • discuss with patients that prolonged use of opioids may lead to drug dependence and addiction, even at therapeutic doses – warnings have been added to the labels (packaging) of UK opioid medicines to support patient awareness • before starting treatment with opioids, agree with the patient a treatment strategy and plan for end of treatment • explain the risks of tolerance and potentially fatal unintentional overdose, and counsel patients and caregivers on signs and symptoms of opioid overdose to be aware of (see opioids safety

information leaflet in the full drug safety update)
- provide regular monitoring and support especially to individuals at increased risk, such as those with current or past history of substance use disorder (including alcohol misuse) or mental health disorder
- at the end of treatment, taper dosage slowly to reduce the risk of withdrawal effects associated with sudden cessation of opioids; tapering from a high dose may take weeks or months
- consider the possibility of hyperalgesia if a patient on long-term opioid therapy presents with increased sensitivity to pain
- consult the latest advice and warnings for opioids during pregnancy in the product information and in clinical resources
- report suspected dependence or addiction to any medicine, including to an opioid, via the Yellow Card Scheme

Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients

Following a review of the risks associated with use of opioid medicines for non-cancer pain, the Commission on Human Medicines (CHM) has recommended that fentanyl transdermal patches are contraindicated in opioid-naive patients in the UK.

Advice for healthcare professionals:

- Fentanyl is a potent opioid – a 12 microgram (µg) per hour fentanyl patch equates to daily doses of oral morphine of up to 45mg a day
- do not use fentanyl patches in opioid-naive patients
- use other analgesics and other opioid medicines (opioids) for non-cancer pain before prescribing fentanyl patches
- if prescribing fentanyl patches, remind patients of the importance of:
  - not exceeding the prescribed dose
  - following the correct frequency of patch application, avoiding touching the adhesive side of patches, and washing hands after application
  - not cutting patches and avoiding exposure of patches to heat including via hot water (bath, shower)
  - ensuring that old patches are removed before applying a new one
  - following instructions for safe storage and properly disposing of used patches or patches that are not needed (see advice issued previously in the full drug safety update); it is particularly important to keep patches out of sight and reach of children at all times
- make patients and caregivers aware of the signs and symptoms of fentanyl overdose and advise them to seek medical attention immediately (by dialling 999 and requesting an ambulance) if overdose is suspected
- remind patients that long-term use of opioids in non-cancer pain (longer than 3 months) carries an increased risk of dependence and addiction, even at therapeutic doses (see Drug Safety Update on risk of dependence and addiction with opioids); before starting treatment with opioids, agree with the patient a treatment strategy and plan for end of treatment
- report suspected adverse drug reactions, including dependence, accidental exposure, or overdose associated with fentanyl patches, via the Yellow Card Scheme

Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing

In autoimmune conditions and some cancer therapies, methotrexate should be taken only **once a week**; however, we continue to receive reports of inadvertent overdose due to more frequent dosing (including daily administration). New measures have been implemented to prompt healthcare professionals to record the day of the week for intake and to remind patients of the dosing schedule and the risks of overdose.

Advice for healthcare professionals:

Advice for prescribers:

- before prescribing methotrexate, make sure that the patient is able to understand and comply with once-weekly dosing
- consider the patient's overall polypharmacy burden when deciding which formulation prescribe, especially for a patient with a high pill burden
- decide with the patient which day of the week they will take their methotrexate and note this day

down in full on the prescription
- inform the patient and their caregivers of the potentially fatal risk of accidental overdose if methotrexate is taken more frequently than once a week; specifically, that it should not be taken daily
- advise patients of the need to promptly seek medical advice if they think they have taken too much

Advice for dispensers:
- remind the patient of the once-weekly dosing and risks of potentially fatal overdose if they take more than has been directed
- where applicable, write the day of the week for intake in full in the space provided on the outer package
- demonstrate the Patient Card included with the methotrexate packet and encourage patients to:
  - write the day of the week for intake on the patient card
  - carry it with them to alert any healthcare professionals they consult who are not familiar with their methotrexate treatment about their dosing schedule (for example, on hospital admission, change of care)

Insulins (all types): risk of cutaneous amyloidosis at injection site

Cutaneous amyloidosis at the injection site has been reported in patients using insulin and this may affect glycaemic control. Remind patients to rotate injection sites within the same body region.

Advice for healthcare professionals:
- injection of insulin (all types) can lead to deposits of amyloid protein under the skin (cutaneous amyloidosis) at the injection site
- cutaneous amyloidosis interferes with insulin absorption, and administration of insulin at an affected site can affect glycaemic control
- remind patients to rotate injection sites within the same body region to reduce or prevent the risk of cutaneous amyloidosis and other skin reactions (for example, lipodystrophy)
- consider cutaneous amyloidosis as a differential diagnosis to lipodystrophy when a patient presents with subcutaneous lumps at an insulin injection site
- advise patients:
  - that insulin may not work very well if they inject into an affected 'lumpy' area
  - to contact their doctor if they are currently injecting insulin into a 'lumpy' area before changing injection site since a sudden change may result in hypoglycaemia
  - to monitor carefully blood glucose after a change in injection site and that dose adjustment of insulin or other antidiabetic medication may be needed

• report serious adverse drug reactions associated with insulin to the Yellow Card Scheme

Regards

Deborah Cooke
Lead Pharmacist

Enc PresQIPP Hot Topic

cc: Medicines Management Team
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